



**The State of New Hampshire  
Insurance Department**

21 South Fruit Street, Suite 14  
Concord, NH 03301

**Roger A. Seigny  
Commissioner**

**Alexander K. Feldvebel  
Deputy Commissioner**

**PRODUCERS----ADJUSTERS----BUSINESS ENTITIES  
USE THIS FORM TO REQUEST CHANGES TO ADDRESS INFORMATION**

**Adjusters** cannot use this form if changing their state of residence. Please complete a NEW adjuster application, attach appropriate documentation and appropriate fees applicable to the new state of residence.

**Producers** shall notify this Department within 30 days of an address change per RSA 402-J:7 VI and RSA 402-J:8 II. A nonresident producer who moves from one state to another state or a resident producer who moves from this state to another state shall file a change of address and provide licensure certification from the new resident state within 30 days of the change of legal residence.

**Instructions:** Download this form and send printed or typed completed form via regular mail to the above address, Attention Licensing Division; e-mail to: [producerquestions@ins.nh.gov](mailto:producerquestions@ins.nh.gov); fax to (603) 271-7029. Please help us insure accurate records. Complete all sections even if it has not changed. Duplicate licenses will only be sent if the \$10 duplicate license fee accompanies this request.

Licensee Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

AND/OR

NH Insurance License Number \_\_\_\_\_

**Current residential physical address (not a post office box)**

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State and zip code \_\_\_\_\_

**Current business address**

Business Name \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

State and zip code \_\_\_\_\_

**Your preferred mailing address for correspondence from us**

Street/rural route/postal box \_\_\_\_\_

City/Town \_\_\_\_\_

State and zip code \_\_\_\_\_

Licensee Signature and Date \_\_\_\_\_